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7590 09/29/2004

**GARY L. BUSH  
ANDREWS & KURTH, L.L.P.  
SUITE 4200  
600 TRAVIS  
HOUSTON, TX 77002**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

<u>Bottie Holloway</u>	(Depositor's name)
<u>Bottie Holloway</u>	(Signature)
<u>November 1, 2004</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,805	07/10/2003	Jeffrey Day Lanier	LIR002/146312	2286

TITLE OF INVENTION: OPHTHALMIC SURGICAL DRAPE SUPPORT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	12/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAHBOUR, FADI H	3743	128-852000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Gary L. Bush
- 2 Andrews Kurth LLP
- 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

11/03/2004 MBEYENE2 00000064 10616805

01 FC:2501 685.00 OP  
02 FC:1504 300.00 OP  
03 FC:8001 30.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Gary L. Bush

Date 11-1-04

Typed or printed name Gary L. Bush

Registration No. 27,423

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ATTY DOCKET NO. LIR002/146321

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jeffrey D. Lanier  
Serial No.: 10/616.805  
Date Filed: July 10, 2003  
For: Ophthalmic Surgical Drape Support

Group No.: 3743  
Examiner: Fadi H. Dahbour

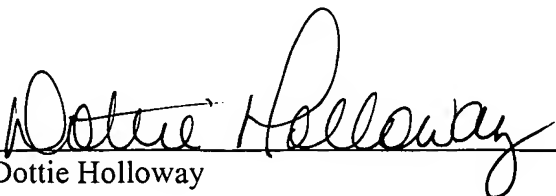
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Under 37 CFR 1.10

"Express Mail" No. EV 326178998 US  
Date of Deposit: November 1, 2004

I hereby certify that this package containing:

1. Issue Fee Transmittal
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Dottie Holloway